



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
CMI INTOXILYZER 8000 MAINTENANCE REPORT

**RECEIVED**

By Carol Day at 8:17 am, Oct 05, 2015

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

INSTRUMENT SERIAL NUMBER	LOCATION OF INSTRUMENT	DATE OF INSPECTION	TIME OF INSPECTION
80-005849	GRAIN VALLEY POLICE	10/02/2015	05:55

**CALIBRATION CHECK RESULTS**

Test	g/210L	Time
Air Blank	0.000	05:56
Cal Check	0.079	05:56
Air Blank	0.000	05:57
Cal Check	0.080	05:57
Air Blank	0.000	05:57
Cal Check	0.080	05:58
Air Blank	0.000	05:58
<b>Pass</b>		

**CALIBRATION CHECK SUMMARY**

STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
DRY	AG502603	01/26/2017
SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
N/A	N/A	N/A
STANDARD VALUE	STANDARD SUPPLIER	
0.080	INTOXIMETERS	
CALIBRATION CHECK RESULT 1		
0.079		
CALIBRATION CHECK RESULT 2		
0.080		
CALIBRATION CHECK RESULT 3		
0.080		
MAXIMUM DEVIATION (MUST BE WITHIN 5%)		SPREAD (MUST BE .005 OR LESS)
1.2%		0.001

**DIAGNOSTIC TEST RESULTS**

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass
<b>Pass</b>	

**RFI TEST RESULTS**

Test	g/210L	Time
Air Blank	RFI*	05:59
Air Blank	0.000	05:59
*RFI Detect		
<b>Pass</b>		

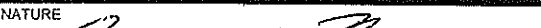
**NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT**

REFUSALS	.00-.04	.05-.09	.10-.14	.15-.19	OVER .19
9	19	1	2	4	1

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Time-Date changed.

**INSPECTING OFFICER**

SIGNATURE 		PRINT NAME TRACY, STEVEN	
TYPE II PERMIT NUMBER 250175	EXPIRATION DATE 07/28/2017	TELEPHONE NUMBER 8168476250	



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

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**PERMIT**  
**TYPE II**  
**STEVEN K TRACY**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**INTOXILYZER 5000, INTOXILYZER 8000**

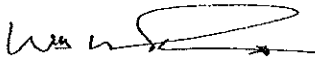
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

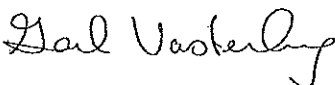
DATE 7/28/2015

NUMBER 250175

EXPIRES 7/28/2017

MO 580-0771 (6-10)

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

 STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*



Operator TRACY, STEVEN  
Permit No 250175  
Date Issued 7/28/2015 Date Expires 7/28/2017